

## **Research Paper.**

### **Transformations of adult learners: A realistic evaluation of work-based learning.**

#### **Abstract.**

The awareness of the importance of work-based learning (WBL) as a valid way of learning is not just happening in the UK for as Jackson (2006) has identified it is important for raising the international standards of health care. The modernisation agendas of the British National Health Service (NHS) are challenging traditional ways of learning; a move away from teacher-centred to one of a learner-centred approach (DH, 2001). McKee and Burton (2005) argued that there needs to be a maturity of independent learning if healthcare workers are to succeed in their careers. This means that the existing workforce may need to undergo some major transformations in order to develop the internal locus of control for learning and supporting change in the complex world of work. Sceptics still ponder on whether work-based learning can enable such transitions. This paper will focus on a methodology chosen to evaluate the embedding of WBL as an educational mechanism in healthcare practice, and the perceptions of learners, managers and academics of its value to them. The evaluation project, which is mainly qualitative and cumulative in nature, evaluates the impacts of WBL and aims to produce middle-range theory concrete enough to inform future policies and practice. The focus of the evaluation framework includes changing contexts, mechanisms (blocking and enabling) and outcomes (Pawson and Tilley 1997).

Initial findings suggest some positive outcomes of interpersonal and intrapersonal learning, creative change projects, and a need for learners to gain awareness of supportive mechanisms within and external to the workplace.

#### **Introduction.**

Recent criticisms of learning in the British NHS workplace suggest that there needs to be significant change in order to transform a rules based person into a professional, capable of integrating enquiry and evidence to enhance practice development (Davies & Nutley, 2000). Work-based learning (WBL) has been hailed as a positive way for clinicians and academics to work together to effect change (Fryer, 1997, DfEE, 1998, DH, 2001). Jackson (2006) also identified WBL as important for raising the international standards of health care. However, McKee and Burton (2005) argue that there needs to be a maturity of independent learning if healthcare workers are to succeed in their careers. This means that the existing workforce may need to undergo some major transformations in order to

develop the internal locus of control for learning and supporting change in the complex world of work. Sceptics still ponder on whether WBL can enable such transitions. Some of this scepticism stems from the fact that WBL and significant changes have been introduced rapidly (Caley, 2006); tensions may exist where learners are experiencing paradigm shifts from passive to active learning (Moore, 2007); and there have been no robust evaluations of WBL to establish the impacts (Hardacre & Schneider, 2007).

This paper will focus on a methodology chosen to realistically evaluate the impact of WBL on the development of the individual qualified practitioner, and the mechanisms of which can enable or disable education, especially within changing paradigms in practice.

### **Methodology.**

In determining an appropriate evaluation framework it was important for the team of academics and senior nurse managers to consider the purpose of a three year longitudinal evaluation as opposed to previous short term evaluations. The latter had previously provided evaluation feedback of implementing a WBL prototype. They had not been designed to reflect the impacts of WBL on individuals and organisations over longer periods of change. In establishing and understanding the realism of change it was important to triangulate from other sources (Guba and Lincoln 2000). The realistic evaluation model of Pawson and Tilley (1997) uses a configuration of contexts, mechanisms and outcomes (CMO). They proposed that “causal outcomes follow from mechanisms (blocking and enabling) acting in contexts,” (Pawson and Tilley 1997, p.58), and the purpose of their configuration is to produce middle-range theory which is concrete enough to inform future policies and practice.

Throughout the planning stage and the lifetime of the project it was important to respect confidentiality and anonymity and the rights of all who contributed to the process and the outcomes. Ethical approval was sought from a local NHS research ethics committee and the university ethics committee. Research governance, according to both the NHS and the university guidelines was applied.

The agreed objectives, (see Table 1.) reflected a need for a design that maximised the depth and breadth of data, using a triangulation methodology.

**Table 1. The objectives of the evaluation project.**

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| <ul style="list-style-type: none"><li>• Explore &amp; examine the impact of work-based learning on practice.</li><li>• Explore the sustainability of the preferred mechanisms that have supported the outcomes in practice.</li><li>• Report on the learning that has been sustained &amp; developed over time.</li><li>• Explore the nurses' experience of work-based learning &amp; changing contexts.</li></ul> |
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The methods included:

- Documentary analysis of student evaluations, learning contracts, formative and summative feedback, external examiner feedback. assignments, portfolio evidence, reflective logs and a learning needs analysis.
- Examination of evidence from the original developmental study, including case studies.
- Semi-structured interviews with managers, learners, workplace and academic facilitators.

A framework of questions to support the semi-structured interviews, using Pawson and Tilley's (1997) framework, was designed by the team.

Learners were to be invited to repeat a learning needs analysis (LNA) form, used during their WBL experiences, at the beginning of the semi-structured interviews. The results of

the repeat LNA were to be compared with the first forms which had been archived as part of the learners assessed portfolio evidence.

The inclusion criteria for the sample was that all participants had undertaken a role within the WBL relationship; learner, manager, mentor or academic facilitator. The respondents came from the university, Acute and Primary Care Trusts (5), and the Nursing Home sector. From a purposive sampling of a large number of possible respondents the final sample included 28 learners, 9 academics and 17 managers/mentors. The learners ranged in their level of seniority. During the past 3 years many mentors and learners had been promoted to clinical managers and were now acting as mentors to current work-based learners.

The LNA forms used a Likert Scale so the quantitative analysis was aided by the SPSS IT package. The NVivo IT programme was used for the content and thematic analysis of the interview transcripts and a SNOB analysis was made of the documentary evidence.

### **Findings and discussion.**

The findings suggest that in some places there are rigorous systems in place to underpin and support the educational process within the milieu of organisational change. However, there is still a need to embed WBL as a valued mechanism in many areas. Data pertaining to the context perspectives identified a range of enabling and disabling themes, namely:

- Flexible approach to learning.
- Enabling practice development.
- Legitimising personal development.
- Enabling collegial working.

The enabling and disabling mechanisms were grouped into four themes:

- Pivotal roles of managers.
- Integrating learning tools of WBL.
- The value of 'time' to learn.
- Facilitating the learning process.

The enabling mechanisms were varied as indicated in Appendix 1.

Analysis of the learners' reflective assignments and the SWOT analysis of the individual learning contracts identified many mechanisms which were perceived as barriers to learning, (see Appendix 1). Some of these reflect what Flood & Romm (1996, p232) refer to as 'world one, the dark side' of practice.

The perceived outcomes were vast and were grouped into the following themes:

- A transformed learner.
- Learning for self and the workplace.
- Organisational recognition of learning.
- Organisational impacts of WBL.

The main focus of this discussion is the transformed learner which included academic facilitators new to this way of learning as well as the practitioners.

The evidence suggests there are five main outcomes for the transformed learner; namely:

- Confidence
- Self-directed independent and global learner
- Effective user of learning tools
- Effective networker and collaborator
- Greater sense of holism.

With the confidence came the increased sense of credibility and self worth often recognised as outcomes of engaging in WBL modules:

“...I would suggest that that comes from work-based learning, probably. The whole experience of that has given me the confidence to be able to do that, and people take me seriously.”  
(Learner 14)

Confidence is recognised as a mature competence which successful workers require; the self-worth being an important part of knowing oneself that deeper reflection can enable (Romaniuk & Snart, 2000, McEvoy & Duffy, 2008). This transformation was often achieved in a short period of time:

“We interviewed someone a few weeks for the second part of their modules and last year we were interviewing a very shy, timid, not confident, not articulate person but we felt that she was a good nurse and she wanted to do this. And the transformation was just fantastic...positive, articulate and...you know...she’s got it all there, she’s done really well in the course, teaching others...you know... just transformed this nurse. It really has. She’s really got it and it was a joy to see and remember what she was like just twelve months ago.”  
(Manager 6)

This transformation and the ability to become a self- directed and independent learner reflects a new proactive approach to work:

“I think it just gives you the confidence to actually look at something and think...that needs to be changed, and rather than just sitting and moaning about it and saying that it needs to be changed it gives you the tools to go ahead and look at ways of changing things...you know the right procedures and the right people to go to, or how to go about managing change, which was part of my course. So I think that it has given me a lot more confidence and many more skills.”  
(Learner 19)

One that is valued by managers and recognised by the facilitators:

“Its just little things but there’s a kind of a can do...we can achieve, yes we can make this work. So, yes they do see that.”  
(Manager 2)

“You see a much more refined, global thinking sort of clinician.”  
(Academic 3)

The culture of a ‘can-do’ attitude and effective use of learning tools such as questioning, thinking, deeper reflection, and the evaluation of change management, contribute to the cycle of action learning, which McGill & Beaty (1995) suggests is a continuous process of experience, understanding, planning and action (EUPA).

Integral to planning was the important mechanism of time, that is ‘protected time’ to engage in WBL. In reviewing the delivery of WBL across the UK health sector Hardacre & Schneider (2007) found that this was considered to be an important element in the

sustainability of WBL. Securing this time was not easy for most of the learners, mainly due to organisational issues and confidence to seek it as this quote indicates:

“...we have had a big period of change in our senior nurse structure. I think just an understanding of, trying to keep that balance of protected study time, so there would be someone to support you through that so it wasn't something that you would lose.”

(Learner 4)

Williamson (2005) refers to this as 'release time', a space to reflect on learning, often in groups. However, some practitioners had experienced difficulties in gaining 'protected time' and as the following respondent identified careful planning and confidence in negotiating learning opportunities were necessary pre-requisites to the process of learning. Work-based learning was seen as providing that legitimate space to reflect:

“I just think it is good to look at how you work, ... having time to look at how you work, reflect on it. It has got to be good and actually you are meant to reflect on your work all the time, but often you don't have time to, so actually it gives you a really good opportunity to reflect on your work and given space to do it.”

(Learner 22)

The time to reflect and try new activities such as a situational analysis and networking within and external to the workplace enabled the learners to become more aware of research and grey literature. Many learners identified how they had become more holistic in their outlook. This prepared them to work more collegially with their colleagues within and external to their departments, and enabled them to see the 'bigger picture,' the '360 degree view.' It almost appears to enable learners to be more steadfast in their approach to their practice as described below by the following learners:

“Yes, less tunnel vision and broadens your knowledge and takes into consideration your colleagues and who they are working for, and how to do things in a way that helps you work together more as a team.”

(Learner 5)

## **Conclusion.**

The findings of the triangulated data indicate transitions and transformations of learners, especially in interpersonal and intrapersonal skills. This evidence also emphasises the

importance of reflection in supporting the development of new knowledge, enabling self-awareness, confidence and the internal locus of control of learners to manage own learning. What was striking is that WBL can be the catalyst for the change in learners to become reflexive and as Garrick & Usher (2000,p.9) said, “selves can become enterprising,” capable of meeting the challenges of continually restructured workplace environments.

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**Enabling Mechanisms.**

- Empowering others.
- Advocates for WBL.
- Committed facilitators.
- Good facilitation skills.
- Validity of project/focus for WBL
- Positive questioning skills of facilitators
- Perceived powers of others.
- Accessible support.
- Securing organisational support.
- Mentor role.
- Resourcing & supporting mentors.
- Collegial learning.
- Self reflector – managers, learners.
- Managers actively involved.
- Staff development.
- Shadowing opportunities.
- Organisational support
- Internal & external networking
- Synergy between university & practice.
- Good working relationships with other professionals.
- Library and IT resources.
- Clear objectives.
- Time to study, access computer, visit library.

**Barriers to learning.**

- Socialising into a different learning style
- Lack of confidence
- Not prioritising professional development
- Lack of support mechanisms, eg. Supervision, shadowing opportunities with other professionals.
- Ethical issues, eg confidentiality.
- Lack of time
- Limited resources
- Negative attitudes.
- Lack of study skills
- organisational apathy, fatigue